# STATE OF COLORA

John W. Hickenlooper, Governor Larry Wolk, MD, MSPH

**Executive Director and Chief Medical Officer** 

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Denver, Colorado 80246-1530 Phone (303) 692-2000

Laboratory Services Division 8100 Lowry Blvd.

Denver, Colorado 80230-6928

Located in Glendale, Colorado (303) 692-3090

www.colorado.gov/cdphe



# **Designation Review Committee Meeting Minutes** September 5, 2013

CDPHE Staff: Grace Sandeno, Margaret Mohan, Randy Kuykendall and Crystal Cortes

In Person: Staci Love

Via Telephone: Nancy Frizell, Dana Knerl, Deb Moynihan, Irene Trujillo, Laura Gib, Denise Clark, Rachel Liverett, Mary Shelton, Dee Crump, Amanda Soychak, Amanda Amsler, Rob Lins, Lynette Byerly, Sheri Trahern, Lori Malloy, Elaine Gerson, Lori McDonald, John Sarpa, William Rodman, Bill Stout, Dr. Stahl, Ray Coniglio, Karen Masters

#### Roll Call/Call to Order: 3:00 PM

Members	Serving as:	In Person	By Phone	Absent
Misty Sakala	Trauma Nurse Coordinator		X	
Edward Lopez	General Surgeon Level III		X	
Zane Laubhan	Prehospital/EMS Provider			X
Eugene Eby	Emergency Physician			X
Eric Schmidt	RETAC Rep	X		
Charles Mains	General Surgeon		X	
Phyllis Uribe	Trauma Nurse Coordinator		X	
Jeff Beckman	Emergency Physician		X	
Arlene Harms	Health Care Facility Admin		X	

### **Organizational Issues:**

- **Quorum** established
- Minutes from July 24, 2013 meeting; motion to accept as written Motion by Misty Sakala, 2<sup>nd</sup> Phyllis Uribe, passed unanimously.

## **Trauma Program Report:**

- Castle Rock Adventist Hospital received an automatic recommendation as a new level III trauma center, by having no deficiencies and no items met with reservations when reviewed on July 30, 2013. The department issued a level III designation for eighteen months, based on the recommendation.
- Arkansas Valley Regional Medical Center received an automatic recommendation as a level IV trauma center, by having no deficiencies and no items met with reservations when reviewed on July 31, 2013. The department issued a level IV designation for three years, based on the recommendation.
- St. Thomas More Hospital received an automatic recommendation as a level IV trauma center, by having no deficiencies and no items met with reservations when reviewed on August 1, 2013. The department issued a level IV designation for three years, based on the recommendation. The department will schedule a voluntary follow-up with the facility within the next year.

- Lincoln Community Hospital received an automatic recommendation as a level IV trauma center, by having no deficiencies and no items met with reservations when re-reviewed on August 12, 2013.
- Lutheran Medical Center received an automatic recommendation as a level III trauma center, by having no deficiencies and no items met with reservations when reviewed on August 22, 2013. The department issued a level III designation for three years, based on the recommendation.
- Grand River Medical Center received an automatic recommendation as a level IV trauma center, by having no deficiencies and no items met with reservations when reviewed on August 27, 2013. The department issued a level IV designation for three years, based on the recommendation.

**DRC Recommendations -** See page 2

Next Meeting: Thursday, October 23, 2013, 3 pm – 4:00 pm, Pueblo Convention Center



Facility	Review Results/	Motion	W/POC	W/RR	Second	Abstain	Unanimous
	Review Team Recommendation						
Mt. San	Current Review: May 23, 2013						
Rafael Hospital	The following state criteria were not met or were met with reservations:						
Hospital	<ul> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 3. A trauma program with policies that identify and establish the scope of trauma care for both adult and pediatric patients, included but not limited to: b. Admission criteria Reviewer Comments: Needs revision to better describe the type of trauma patients that are admitted to the facility.</li> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. A physician designated by the facility as the Trauma Medical Director who takes responsibility for the trauma program.</li> <li>Reviewer Comments: New trauma medical director, so there needs to be a track record to evaluate responsibility for loop closure, policy revisions, and oversight of medical care.</li> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. Trauma Medical Director.</li> <li>Responsibilities include: a. Participation in trauma education activities for healthcare providers or the public.</li> <li>Reviewer Comments: Suggest local M&amp;M and education to EMS providers and 1st responders or participation in EMS chart reviews</li> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. Trauma Medical Director.</li> <li>Responsibilities include: b. Leadership for the trauma program and oversight of the trauma quality improvement process.</li> <li>Reviewer Comments: Trauma medical director, not ED trauma nurse manager, should be in charge of oversight of trauma QI and loop closure.</li> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. Trauma Medical Director.</li> <li>Responsibilities include: c. Administrative authority for the trauma program, including, recommendations for trauma privileges, policy and procedure enforcement, and peer review.</li> </ul>						
	<b>Reviewer Comments:</b> New at position, no history to review.						
	Met with Reservations: A. HOSPITAL ADMINISTRATION						

AND ORGANIZATION- 5. A facility-defined trauma team	
activation protocol that includes who is notified and the response	
expectations. The protocol shall base activation of personnel on	
anatomical, physiological, mechanism of injury criteria and co-	
morbid factors as outlined in the pre-hospital trauma triage	
algorithms as set forth in Chapter 2.	
Reviewer Comments: Recommend revision and simplification based	
on prehospital trauma triage algorithm, policy may exceed 1 page but	
activation criteria should easily fit on 1 page.	
Met with Reservations: A. HOSPITAL ADMINISTRATION	
AND ORGANIZATION- 7. A staff person identified as the Trauma	
nurse coordinator with clinical experience in care of the injured	
patient, who is responsible for coordination of the trauma program	
functions.	
Reviewer Comments: New TNC that has the clinical experience and	
now needs mentoring for coordinating a trauma program. Suggest	
STAC, CTN, DRC involvement.	
Met with Reservations: A. HOSPITAL ADMINISTRATION	
AND ORGANIZATION- 8. An identified multidisciplinary	
committee involved in the development of a plan of care for the	
injured patient and is responsible for trauma program performance.	
Membership will be established by the facility and the committee will	
establish attendance. (See below for specifics from section 308)	
Reviewer Comments: Recommend care reviews and updating of	
policies, consider requiring ED physicians to attend at least half of	
the trauma multidisciplinary committee meetings.	
Met with Reservations: A. HOSPITAL ADMINISTRATION	
AND ORGANIZATION- 9. A quality improvement program as	
defined in Section 308. All designated Level III –V trauma centers	
shall have an organized, trauma quality improvement program that	
demonstrates a plan, process and accountability for continuous	
quality improvement in the delivery of trauma care. It is the	
responsibility of the trauma medical director in coordination with the	
trauma nurse coordinator to oversee the program. The <b>plan</b> should	
address the criteria as described in 6 CCR 1015-4, Chapter 3, 308.	
Reviewer Comments: The new Trauma QI plan in place is excellent	
but too new to evaluate for effectiveness.	
Not Met: A. HOSPITAL ADMINISTRATION AND	
ORGANIZATION- 9. A quality improvement program as defined in	
 ONOTHINE 7. 11 quanty improvement program as defined in	—

Section 308. All designated Level III –V trauma centers shall have an
organized, trauma quality improvement program that demonstrates <b>a</b>
plan, process and accountability for continuous quality
improvement in the delivery of trauma care. It is the responsibility of
the trauma medical director in coordination with the trauma nurse
coordinator to oversee the program. The <b>process</b> should include the
elements as described in 6 CCR 1015-4, Chapter 3, 308.
<b>Reviewer Comments:</b> In addition to case review, need to establish a
peer review process. May want to consider sending charts out for
review, could be part of the hospital wide peer review. Recommend
TMD, ED Medical Director, TNC, ED Manager and one additional
ED physician perform case reviews.
Met with Reservations: A. HOSPITAL ADMINISTRATION
AND ORGANIZATION- 9. A quality improvement program as
defined in Section 308. All designated Level III –V trauma centers
shall have an organized, trauma quality improvement program that
demonstrates a plan, process and accountability for continuous
quality improvement in the delivery of trauma care. It is the
responsibility of the trauma medical director in coordination with the
trauma nurse coordinator to oversee the program. Accountability can
be demonstrated by meeting criteria as described in 6 CCR 1015-4,
Chapter 3, 308
Reviewer Comments: Newly developed plan. Need to see a track
record.
Not Met: C. FACILITIES/RESOURCES/ CAPABILITIES- 1.
Emergency Department with: a. Physicians who are credentialed by
the facility to provide emergency medical care and maintain current
Advanced Trauma Life Support (ATLS) verification.
Reviewer Comments: TMD not ATLS certified.
Not Met: C. FACILITIES/RESOURCES/ CAPABILITIES- 6.
Continuing education for all physicians providing trauma care, with:
b. 10 hours of trauma-related facility-defined CME annually or 30
hours over the 3 year period preceding any site review.
Reviewer Comments: Three physicians lacking the required hours.
The facility should consider expanding the trauma related CME
policy to include board study and recertification for emergency
physicians.  Diagnosians The facility provided on extension eventions of all the action
<b>Discussion:</b> The facility provided an extensive overview of all the action
 steps that have been and will continue to be taken throughout the next

	year to continue to strengthen and develop the trauma program.  Physicians that need to are completing ATLS as soon as they can. They have ran a peer review meeting and will meet to discuss loop closure. The facility has done a lot of work in a short time. They are compliant and meeting their POC.  Motion: Designate with a plan of correction and re-review in a year.	Uribe	X	X	Beckman	Yes
Aspen	Current Review: On July 16, 2013	CHOC	71	7.	Beekman	105
Valley						
Hospital	<ul> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 1. A trauma program with: d. A Trauma Medical Director who is a board-certified general surgeon, or is board-qualified working toward board certification. A facility may have another physician as a co-trauma medical director. The Trauma Medical Director is responsible for: a) Trauma multidisciplinary program</li> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-1. A trauma program with: d. A Trauma Medical Director who is a board-certified general surgeon, or is board-qualified working toward board certification. A facility may have another physician as a co-trauma medical director. The Trauma Medical Director is responsible for: b) Trauma quality improvement program</li> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-1. A trauma program with: d. A Trauma Medical Director who is a board-certified general surgeon, or is board-qualified working toward board certification. A facility may have another physician as a co-trauma medical director. The Trauma Medical Director is responsible for: d) Policy and procedure development and enforcement</li> <li>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-1. A trauma program with: d. A Trauma Medical Director who is a board-certified general surgeon, or is board-qualified working toward board certification. A facility may have another physician as a co-trauma medical director. The Trauma Medical Director is responsible for: e) Peer review</li> <li>Reviewers Comments: Third review where concerns with PI and Trauma Program understaffing are identified. The TMD needs to take a more active role in order to move the program forward.</li> <li>Not Met: A. HOSPITAL ADMINISTRATION AND</li> </ul>					

	ODG (ANTELERYON)		1		1		1
	ORGANIZATION- 1. A trauma program with j. A quality						
	improvement program as defined in Section 304. All designated						
	Level III –V trauma centers shall have an organized, trauma						
	quality improvement program that demonstrates a plan, process						
	and accountability for continuous quality improvement in the						
	delivery of trauma care. It is the responsibility of the trauma medical director in coordination with the trauma nurse						
	coordinator to oversee the program. The <b>process</b> should include						
	the elements described in 6 CCR 1015-4, Chapter 3, 308.						
	<b>Reviewers Comments</b> : Examples of cases where opportunities for improvement were missed in the PI process were provided						
	during the exit conference. In addition, the minutes from the						
	Ortho fracture conference are not comprehensive for capturing						
	the discussion that take place.						
	Met with Reservations: A. HOSPITAL ADMINISTRATION						
	AND ORGANIZATION- 1. A trauma program with j. A quality						
	improvement program as defined in Section 308. All designated						
	Level III –V trauma centers shall have an organized, trauma						
	quality improvement program that demonstrates <b>a plan</b> , <b>process</b>						
	and accountability for continuous quality improvement in the						
	delivery of trauma care. It is the responsibility of the trauma						
	medical director in coordination with the trauma nurse						
	coordinator to oversee the program. <b>Accountability</b> can be						
	demonstrated by meeting criteria described in 6 CCR 1015-4,						
	Chapter 3, 308.						
	Reviewers Comments: Accountability to the Trauma Program,						
	from management above the TNC, needs improvement. Also,						
	improvement in consistently documenting provider response						
	times for trauma team activations and corrective action						
	plans needs to occur. PI program maturation needs to be						
	demonstrated.						
	<b>Discussion:</b> Facility will be performing a mock survey lead by Dr. Mains						
	at 6 months and again at 9 months						
	<b>Motion:</b> Designate with plan of correction and re-review in a year.	Uribe	X	X	Lopez	Mains	yes
McKee	Current Review: On August 21, 2013						
Medical							
Center	The following state criteria were met with reservations:						
	Met with Reservations: A. HOSPITAL ADMINISTRATION     AND OR GANYATION.						
	<b>AND ORGANIZATION</b> - 9. A quality improvement program as						

defined in Section 308. All designated Level III –V trauma	
centers shall have an organized, trauma quality improvement	
program that demonstrates a plan, process and accountability	
for continuous quality improvement in the delivery of trauma	
care. It is the responsibility of the trauma medical director in	
coordination with the trauma nurse coordinator to oversee the	
program. The <b>process</b> should include the elements as described	
in 6 CCR 1015-4, Chapter 3, 308.	
<b>Reviewer Comments:</b> Filters should be trended and re-evaluated	
annually. Eliminate those where compliance is consistently	
100%. Use trauma registry data to identify areas needing	
improvement. Consider development of a geriatric trauma	
patient care protocol. The ease of demonstrating the flow of the	
quality improvement process should be examined.	
Met with Reservations: A. HOSPITAL ADMINISTRATION	
<b>AND ORGANIZATION</b> - 9. A quality improvement program as	
defined in Section 308. All designated Level III –V trauma	
centers shall have an organized, trauma quality improvement	
program that demonstrates a plan, process and accountability	
for continuous quality improvement in the delivery of trauma	
care. It is the responsibility of the trauma medical director in	
coordination with the trauma nurse coordinator to oversee the	
program. <b>Accountability</b> can be demonstrated by meeting	
criteria as described in 6 CCR 1015-4, Chapter 3, 308.	
Reviewer Comments: Loop closure issues not addressed	
included - timeliness of loop closure, delay in transfer not	
evaluated and surgeon response time not addressed.	
• Met with Reservations: B. CLINICAL CAPABILITIES - 2.	
This service is available in person 24 hours a day within 20	
minutes of trauma team activation: a. General Surgery - The surgeon will meet those patients meeting facility-defined trauma	
team activation criteria upon arrival, by ambulance, in the	
emergency department. For those patients meeting trauma team	
activation criteria where adequate prior notification is not	
possible, the surgical response shall be 20 minutes from	
notification.	
Reviewer Comments: Response times for limited and full TTA	
should be trended to evaluate for compliance and determine the	
follow up needed.	
<b>Discussion:</b> On-site reviewers recommended a POC and re-review in one	

year. The department indicated the re-review would be inconsistent with actions taken towards other facilities with similar findings. The POC and check in with the department should suffice to correct criteria that were met with reservations.				
<b>Motion:</b> Designate with plan of correction.	Beckman	X	Harms	yes

